The Pakistan NGO Initiative (PNI)
Final Report

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September 1998

This project was made possible through support provided by the office of health and nutrition bureau for global programs, field support and research, U.S. Agency for International Development.
The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID.

1. Introduction to Pakistan NGO Initiative (PNI)

The Pakistan NGO Initiative (PNI) is part of a $10 million project formulated by USAID with the stated purpose of strengthening NGO capacity to work with local communities to access and deliver improved social services with a focus on community participation and empowerment of women. Part of this project is an umbrella grant administered by the Asia Foundation (TAF) which in would in turn provide subgrants to Pakistani NGOs selected on the basis of set criteria

While support for development oriented NGOs and community participation is not new for either USAID or TAF, PNI represents a radical if logical departure from past practice. Under PNI1, TAF purpose and objectives was to provide support for NGOs in Pakistan in the following areas:

1.1 PNI Purpose

The purpose of the PNI is to strengthen NGO capacity to work with local communities to access and deliver improved social sector services.

1.2 PNI Objectives

Increased capacity of mid-sized NGOs to support Community Based Organizations (CBOs);

1. Improved delivery and access to services for child survival, maternal health and family planning, and primary education;
2. Development of advocacy capacity promoted in NGOs and CBOs at the national, provincial and community level;
3. Women's empowerment advocated and promoted;
4. NGO networks strengthened and created to improve understanding of community development, communicate lessons learned and increase NGO professional capacities; and
5. Demonstrate success in ways that NGOs and CBOs can complement the Government of Pakistan's Social Action Program.

1.3 Role of Collaborating Partners

Within the framework of the PNI, USAID set aside 1.5 million dollars for three centrally funded projects: MotherCare, Wellstart and BASICS, for the provision of technical assistance to two grantees working in Pakistan, The Asia Foundation (TAF) and the Aga Khan Development Network (AKDN).

MotherCare was identified as the lead cooperating agency, and coordinated technical assistance requests from The Asia Foundation and the Aga Khan Development Network for the Global Bureau projects.

1.4 Objectives of Global MotherCare Project

In most developing countries, pregnancy and childbirth are felt to be familiar, natural and safe events. Yet statistics show this is often not the case: each year, nearly half a million women in developing countries die of complications of pregnancy and childbirth, and over 100 times this number suffer pregnancy-related morbidity's. Moreover, of the 10 million infant deaths that occur in these countries each year, nearly half take place during the first month of life, many due to the same complications that kill the mother: management of labor and delivery, or the mother's general health and nutritional status even prior to pregnancy. The MotherCare Project was created to assist countries, communities and individuals to identify and implement solutions to these widespread problems affecting maternal and neonatal health and nutrition. The basic objectives of the Global MotherCare project are:

- Promote awareness of maternal and neonatal health and nutritional problems and the options to address them, particularly at the policy and program levels.
- Improve maternal and newborn health through increased practice of health-promotive behaviors during the reproductive and neonatal periods and by developing strategies to reach women with health promotive messages.
- Improve service providers' recognition, practices, and required skills as related to the major causes of morbidity and mortality among pregnant omen and their newborns, at each level of service, from the community to the hospital level.
- Clarify issues and identify useful methods and tools for assessing maternal and neonatal health and nutrition problems and their determinants.

MotherCare is funded by the U.S. Agency for International Development under a five year technical assistance contract to John Snow, Inc. (JSI) in collaboration with Family Health International, the American College of Nurse-Midwives, Program for Appropriate Technology in Health, Johns Hopkins University, Columbia University, Training Resources Group, Macro International, London School of Public Health, the Manoff Group, Save the Children Foundation, and Saffitz and Alpert Associates, Inc.

Basic Support for Institutionalizing Child Survival (BASICS) is a USAID-funded project administered by the Partnership for Child Health Care, Inc.:

- Academy for Education Development (AED);
- John Snow,Inc. (JSI); and
- Management Sciences for Health (MSH)

Wellstart International was a USAID global project on expanded promotion of breastfeeding program.

1.5 The Asia Foundation

During phase 1 of PNI The Asia Foundation made grants to NGOs in three categories: support for improved delivery of social sector services (maternal /reproductive health, child health and girls education), matching grants for community-generated resources, and applied research at the community level for social service development.

TAF identified grantees through an extensive consultative process and review of a short concept paper prepared by selected NGOs. Final decision on grantees, based on merit, rested with TAF. After the grantees were identified, the consultative process continued for all stages of project development, implementation, monitoring and evaluation.

1.6 The Aga Khan Development Network:

The AKDN used USAID funds to support the following activities:

- NGO Resource Center (NGORC) - ongoing project in NGO capacity building, networking and coalition building.
- Urban Primary Health Care Project in Karachi - Aga Khan University, Department of Community Health Sciences (CHS), this is an on-going project with a new approach incorporating community prioritization of non-medical interventions.
- Two primary education projects - one in Sindh and one in the Northern Areas
- focussing on community involvement - Aga Khan Education Services.

1.7 Pakistan NGO initiative - Project Planning Phase -1

Initially, MotherCare hired a Consultant, between April 95 to September 95 to work with TAF to prepare for the start of PNI. The consultant visited various NGOs and had a series of meetings with TAF to learn about the NGOs in the fields of community development, women's empowerment, and health education in Pakistan. The objective of the consultancy was to work with TAF in identifying grantees and to outline strategies for health and nutrition and identifying program strategies and defining the role of cooperating agencies (CAs). The role of the CAs was not fully discussed during this period but meetings with NGOs highlighted broad areas of potential involvement such as:

- Autodiagnosis Tools
- Training and capacity building
- Materials Development for Community- based Breastfeeding Support.
- Operational Research.

The NGOs visited were Bunyad Literacy Council, South Asia Partnership (SAP), Khawandakor, Pak-CDP, MCWAP, YCHR, OPD, Alif Laila Children's Educational Complex, Society for Community Support for Primary Education and BRSP. The NGOs were identified to participate in Wellstart**?**s materials development meeting and the Autodiagnosis workshop.

Visits were also made to the Aga Khan Foundation, which is coordinating activities of AKDN under this grant. It was agreed that a MoU between TAF and AKF in areas of cooperation was to be signed. The potential for technical assistance for urban health project was discussed. Main concern of AKF was that TA would be demand based and AKF would be involved in decision making of hiring consultants at AKDN. Based on meetings with AKU, it was decided to fund the study on impact on training and supervision of providers on pregnancy outcomes of urban settings of Karachi as well as a qualitative study on abortions.

The first phase of the consultative process went well, during which visits were made to eighteen NGOs . In addition, many discussions on how to set up the PNI have taken place within TAF and with donor and PNI partner organizations. An internal database on participating NGOs was started to streamline data collection, and as an aid in program development. The Consultant identified the following steps to plan the next phase of work.

- Clarifying the roles of the cooperating agencies in general, and MotherCare vis-a-vis TAF and the Aga Khan Development Network. It was agreed to develop the Memoranda of Understanding with the two organizations.
- Very few of the NGOs visited had established health programs, the majority wanted to include health initiatives in their future work. The Warmi project's 'Autodiagnosis' would be an excellent tool to use with these groups, to help define problems in the community and plan solutions (program development).
- A number of NGOs were involved in the provision of health care services. TAF

suggested that MotherCare and the other CAs could possibly assist these NGOs in capacity building through training, materials development, and possibly operations research.

- Once agreement on the role of the CAs was reached, administrative decisions on how technical assistance would be implemented and worked out and how would CAs pay for local costs? The role of the MotherCare Adviser vis a vis the financial/administrative requirements of the other two cases were finalized.

1.8 Background Related to Technical Assistance

The Pakistan NGO Initiative has completed a three-year initiative on September 30, 1998. Of the $9m for the three year project, $1.5m was set aside for technical assistance in the areas of maternal health, family planning and child survival through three cooperating partners with centrally funded projects in the USAID Global Bureau: MotherCare, BASICS and the Expanded Promotion of Breastfeeding Projects. MotherCare took on the responsibilities of lead partner and has fired a full time resident advisor to provide technical assistance and coordination with the grantees.

The primary purpose of the planned technical assistance was to assist The Asia Foundation (TAF), which holds a $5m grant to serve as an umbrella organization to provide subgrants to mid-level NGOs, because TAF did not have experience and technical expertise in health programs. In addition, the opportunity for the Aga Khan Foundation)AKF), the recipient of a $2.5m grant for four discreet activities in education, health and the NGO Resource Center, to obtain technical assistance from the cooperating partners was also planned. Unlike TAF, AKF has extensive experience in health and education programs and it was anticipated that their need for outside technical assistance would be minimal. However, the possibility for this assistance was included.

A preparatory visit by representatives of the cooperating partners was made in late 1995 to (1) work with TAF to plan technical assistance and (2) ascertain the interest of AKF in external assistance. As a result of those discussion s, it was determined that, insofar as possible, the PNI under TAF would be “demand driven” and the first year would be devoted to a consultative process with NGOs to determine their needs. At that time, a plan was drawn up to provide a general framework of activities in which the cooperating partners would provide assistance over the three years I support of the PNI objectives, particularly those related to capacity-building, health services, and women’s empowerment. This was finalized in January, 1996 (attached in appendix). A Memorandum of Understanding (MOU) was drafted and signed between TAF and the cooperating partners.

The purpose of the trip was to develop a technical assistance strategy for the PNI project. MotherCare and Wellstartt/EPB were also represented on this mission.

The team members had meetings with TAF headquarters staff, the AKF Health Program Officer, the AKU Chairman, and TAF supported NGOs. The activities completed during this

trip were:

- Presentations and meetings with TAF staff in Islamabad
- Refinement and agreement on the MoU with TAF
- Field trips to NGOs/CBOs in NWFP
- Discussion with AKU to identify areas of cooperation and
- Development of proposed technical collaboration strategy and activities by TAF.

The main accomplishments of this trip were:

- Agreement on operational mechanisms between the Collaborating Partners;
- Agreement on technical collaboration strategy and related activities with TAF
- Agreement on initiating technical assistance for AKF
- The 1996 workplan fort TAF and CP?s
- MoU finalization with TAF
- Establishment of communication channels with CPs, TAF, AKF, and MotherCare in-country technical adviser.

The seven areas for technical collaboration with TAF and partner NGOs were identified as participatory planning and capacity building assessment, health management and technical training, development and application of IEC for community based systems, operations research to improve the effectiveness of health services, local area monitoring and use if data for improving delivery and access of services, linking communities and health facilities to improve MCH services, and information documentation and dissemination.

1.9 Proposed CP Programmatic Collaboration for Health NGOs

The goal of assistance was identified as building NGOs and CBOs knowledge and skills to improve the access and delivery of maternal and child health services within their programs. The assistance would include providing information, training and skill enhancement as a package of tools within existing NGO programs. The direct recipient would be medium - sized NGOs and TAF identified local experts (change agents) who would later transfer these skills to local, smaller CBOs.(See detailed trip reports Basics /MotherCare)

The following three broad technical assistance strategies were proposed.

1. **Participatory planning and capacity building**
    i. auto diagnosis/community needs assessment
    ii. facility and household assessment

2. **Program development and implementation**
    i. strengthening NGO skills in information, education and communication (IEC)
    ii. health management and training: community and facility based
    iii. operations research/demonstration projects to improve delivery and effectiveness of health services
    iv. monitoring and evaluation for improving access to and delivery of health services
3. **Documentation and Information Dissemination**
    i. contribution to Mother and Child Journal
    ii. state-of-the-art workshop(s)
    iii. development of recommendations and lessons learned workshop
    iv. producing summary report of publication quality.

1.10 Project Management Structure

Participation by MotherCare, Wellstart and BASICS in the PNI was defined as the program developed and grantees' needs were identified. The framework for identifying technical assistance needs and other potential areas of involvement were made and the following project management decisions were taken:

A Resident Technical Adviser: was posted in Pakistan to coordinate technical assistance requests from both TAF and the Aga Khan Development Network. TAF requested this adviser for at least the first year of the PNI (Sept. 1995-August 1996) with an option for extension. The resident technical adviser was to be supported by a program coordinator and a secretary. However it was agreed early on that MotherCare would sub-contract the support services to TAF instead of hiring and managing a separate implementation unit for the activities of the collaborating partners.

The scope of work for the Technical Adviser was defined as :

- carry out a needs assessment of the maternal/neonatal health sector in Pakistan with special reference to the role of NGOs
- participate in the consultative process between TAF and NGOs
- assist TAF in identifying grantees
- worked with NGO grantees in designing projects as they pertain to health and women's empowerment (service delivery, training, research etc.) - the advisor also included staff from the global projects where appropriate

- coordinate technical assistance (TA) from the global projects requested by TAF grantees and the Aga Khan Network
- assist grantees in identifing additional technical assistancve needs
- worked with TAF programme officers to monitor project implementation
- liase between TAF and the Aga Khan Network specifically in health related activities
- advise TAF on the appropriateness of local and regional training opportunities and maintain links to relevant, innovative health programs in Pakistan and abroad
- coordinate other activities (training, research) funded by MotherCare or the other cooperating agencies
- assist in the selection and training of local assistant who might continue this work at year's end

1.10.1 Mechanism for Coordination

The Resident Advisor had contact with the Global Bureau projects directly. The Collaborating Agencies (CAs) were responsible for communicating the activities of the project and technical assistance efforts in Pakistan to their CTO at AID. The Resident Advisor submitted quarterly reports to update all CAs and AID personnel on project activities in Pakistan. To facilitate this process, the CAs shared trip reports as necessary. It was decided that the short-term technical assistance would be need-based and upon request and required in the following areas. Local and International TA was given in areas given below:

- program needs assessments
- new program design or improvement of existing programs
- training needs assessments
- training of trainers
- design of training programs
- training (workshops, seminars, in-service)
- training materials/protocols development
- training evaluation
- IEC process
- program implementation and management (supervision)
- monitoring systems (indicators)
- program evaluation
- applied research - design, training, analysis, write-up and dissemination of results.

1.10.2 Other Potential Areas of Involvement

- *IEC process:* funding formative research, materials development, pretesting, user training, printing, distribution, evaluation. IEC materials, especially interpersonal communication materials for use in the community by NGO grantees, were needed in virtually all health fields.
- *Applied research:* funding in-country costs either directly to an NGO or through a matching grant mechanism. Potential partners could include the Aga Khan University - Department of Community Health Sciences (CHS) and NGO grantees of The Asia Foundation.
- Based on the Pakistan situation either initial research and/or testing of interventions in the following areas got special attention:
- Reproductive Health Behavior Study - to answer questions on how families made reproductive health behavior decisions by exploring male and female perceptions and behavior, family decision making processes, female access to and use of health care services and traditional providers etc. This study informed TAF and NGO grantees and public policy decisions on designing innovative intervention strategies with communities to empower women and men with the ability to make safe, appropriate choices concerning reproductive health.
- Post MIMS (Maternal and Infant Mortality Survey) interventions to reduce mortality and morbidity were tested in urban and rural areas.
- Sexually Transmitted Disease (STD): The overall objective is to carry out operations research in STD/HIV to reduce the morbidity and mortality associated with STD/HIV on pregnancy outcomes. To do this prevalence and community based KAP surveys were to be carried out to better understand women's behaviors and perceptions about signs and symptoms; access to care issues; and health care seeking behaviors. On the basis of the findings, interventions designed that would involve the community, women, and service providers, to participate in STD control and prevention.
- Supporting the formation of women's support groups as a means to improve health and nutrition status of women and children. An example would be working with community women to establish mother to mother lactation/infant feeding groups in the community, and measuring improved infant feeding and maternal health indicators.
- Advocacy and information sharing: in-country and inter-country linking of NGOs through workshops, information sharing (relevant articles, innovative project designs, etc.) and possible educational opportunities.
- supported the educational and networking activities of the newly formed Reproductive Health Network of Pakistan: newsletter, periodic meetings, special workshops

1.10.3 Project Inputs – Technical Assistance Activities In PNI Year 1 (January 1996-December 1996)

During the first phase, the following initiatives took off in collaboration with NGOs and TAF:

- Development of a counselling package on breastfeeding (includes curriculum, cards and audio- tapes) and a strategy to promote organization of women thru formation of mother's support groups, in collaboration with 10 Pakistan NGO Initiative (PNI) partners.
- Trained NGO staff in use of Health Facility Assessment tools to guage quality of care issues/assess staff skills and capacity to provide curative and promotive services.
- As part of PNI, the Foundation and its NGO partners initiated an interactive process of examining, understanding and applying principles and methodology of participatory development through a series of autodignosis workshops .
- SafeMotherhood Intervention Study in Korangi (Urban) qualitative research on abortions were initiated by the Community Health Science Department under a MotherCare subcontract with AKU.

At the end of phase 1 PNI planning meeting was held in December 1996 between MotherCare held the Planning the CAs, TAF and collaborating NGOs. The idea was to review the activities of phase –1 and further identify discussed the need for identifying specific maternal and child health programs. It was agreed between the collaborating partners and TAF that a dual approach would be taken. Based on this meeting the following agreements were made for the activities to be undertaken during phase 11.

1.10.4 Technical Assistance Activities in PNI Years 2 and 3 to TAF and TAF NGO Grantees Phase Two (January 1996- September 1998)

The plan of action for collective capacity building was to have workshops on the state-of- art in reproductive and child health, formative research and monitoring and evaluation, continuation and expansion of support for the breastfeeding activities, and child health through an NGO network.

The NGO-specific activities were to include operations research and intervention projects with four NGOs, and building:

1. Common activities planned for NGOs to build capacity in assessment, development, monitoring/evaluation of reproductive and child health programs were:
    i. Workshop on specific formative and diagnostic research methodology for NGO researchers. This may include formative qualitative research, community diagnosis, quantitative baseline surveys and other appropriate methodology. This workshop may also include a review of the autodiagnosis that has already

been undertaken by several NGOs.

ii. Expansion of Counseling and Support Groups to Maternal Health, Child Feeding, and Child Health

2. NGO health network for sharing information in reproductive and child health and assessing technical assistance needs.

   i. A state-of the-art in reproductive and child health, including demand creation for RH services and quality of care. The target audience for both workshops would be national and provincial policy makers, programme implementors of government and donors, NGO program managers and researchers.

   ii. Provision of programmatic and technical materials by CPs to NGOs in Pakistan; feedback from NGOs through MotherCare Program Director on information needed.

   iii. Three to four workshops on technical and programmatic issues linking findings from various formative research and baseline surveys.

   iv. Publish special supplements of PNI Newsletter on specific programmatic and technical issues.

1.10.5 Technical Assistance

1. Identify and contract one to two local organizations working in health to act as resource institutes for providing regular technical assistance to NGOs/CBOs/others on specific technical and programmatic areas.
2. Technical assistance to a selected NGO to build local capacity to provide TA to other NGOs in establishing monitoring and evaluation systems for health projects.
3. Develop a Pakistani health professionals database for NGOs to access in identifying local experts with skills in specific areas of need.

2. Project Outputs

2.1 NGO Capacity Building Participatory Planning and Assessment of Health Programs

2.1.1 Auto-Diagnosis Workshops

"As part of PNI, the Foundation and its NGO partners initiated an interactive process of examining, understanding and applying principles and methodology of participatory development through a series of field-Autodiagnosis workshops .

The first workshop was held in Murree to increase the capacity of NGOs to successfully integrate participatory approaches into the assessment, planning and implementation phase of project activities. Twelve representatives from 8 NGOs from various regions participated in this workshop.

Follow-up workshops with original participants focused on areas in which participants felt they needed additional information, especially problem identification within communities and the planning of intervention activities. The workshops have been held after participants had an opportunity to return to their regions and practice skills learned.

Each NGO worked with workshop facilitators individually to identify specific activities to undertake in the communities they represent.

Report on the results of this process and development of action plans based upon the Autodiagnosis process was planned for December 1996- January 1997 by TAF. The auto diagnosis training's were aimed to strengthen NGO capacity to work with local communities. The initiative is inspired by MotherCare's project in Bolivia. where women in a village were encouraged to identify and prioritized problems ,plan together ,take action and evaluate. The focus of the Bolivian Initiative called Autodiagnosis was maternal and child health.

Partners in the Process

In the first phase of the project a group of eight NGOs and two national resource persons to work with TAF, in this experiential learning process. These NGOs nominated 12 participants (all women) to be part of this training program. The rationale was for them to take on the role as change agents to promote and enhance the acceptance and utilization of participatory methods by NGOs; and to enable communities to not only actively participate, but to initiate, interventions for their own development. The concept and methodology Autodiagnosis/PRA were introduced to them through the workshops followed by practical application of this approach in their own communities.

The main objectives of the training were:

- Identifying the training needs for changing attitudes of the facilitator, towards their target audience;
- strengthening facilitation and communication skills;
- learning new participatory approaches and their application in the field;

The focus of these workshops has been on this process as a means to involve people, each of who have experiences of acquisition of different kinds of knowledge i.e. technical cultural or experiential. Exploring the diversity of participant's own knowledge, has been the first step in sensitizing them to the ways in which that of others can be used for development work.

Some of the experiences while training this group of change agents and examples of some of these methods as applied to the field and by trainees in their villages are given below:

The first workshop, hosted by Appna Sehat, focussed on issues of facilitation and the role of the outsider. Participants gained skills in open-ended questions. probing, observing and listening. They saw how participation was discouraged when they, as facilitator, asked only closed-ended or leading questions.

Participatory learning methods were also instrumental in increasing the group's awareness of biases in their attitudes towards rural and poor women. During the second workshop, hosted by the Sungi Development Foundation, participants shared their experience of applying the methods learned during the first workshop in their own project areas. Where one NGO found constraints, other participants were able to recommend ways of handling that particular problem - evidence of a collective learning process. To gain a better understanding of the context and causes of a problem, during the second workshop the group developed "problem trees". Matrix scoring was then used to identify preferences among possible responses.

The third workshop, hosted by the Balochistan Rural Support Program, will focus on the application of participatory learning tools to helping women in a community identify and prioritized the community's health problems and involved the NGO participants to develop organizational plans that will allow them to integrate these methods into their existing planning frameworks.

The fourth workshop hosted by OPD in Gujranwala was an opportunity for the trainees to apply all learning in the field setting at Sherakot.

From the very first workshop it was realized that many of the participants had not worked with women's groups, and many of them did not have the interviewing skills, and were not aware of the core principles of facilitating group discussions. The group also decided to focus on the larger context of participation, rather than promoting participation to achieve specific health objectives. Some over all these contributions made by these training's were to create self awareness, gender sensitization and helped the NGO partners to learn the use of PRA tools to facilitate their process of interaction with CBOs and communities. (Details of

applications of these tools.

2.2 Health Facility Assessment

The purpose of this activity was to assess the level of care provided by 5 NGO-based health clinics (urban, periurban and rural) which provide health care to mothers and children in order to help NGOs identify areas for strengthening and expansion. Trained NGO staff in use of Health Facility Assessment tools to gauge quality of care issues/assess staff skills and capacity to provide curative and promotive services.

A Rapid Health Facility and Capacity Building Assessment of five Non-Governmental Organization participants of the Pakistan NGO Initiative was conducted under the auspices of The Asia Foundation from May 14-28, 1996. This exercise was designed to collect information on the quality of maternal and child health and reproductive health care delivery; clinic organization and management; availability of drugs, supplies, and materials; knowledge and skills of clinical health care workers; and the identification of possibilities for capacity building.

The assessment was conducted by a team comprised of Dr. Patrick Kelly, BASICS technical officer, Dr. Suellen Miller, MotherCare consultant, assisted by The Asia Foundation staff-Nasim Sherin (at Kagan) and Naveeda Khawaja (at Lahore)-and by the clinical supervisor of each NGO being assessed. After data collection at each location, staff members and the team met to discuss findings and identify areas for capacity building or development. PK and SM then analyzed and interpreted the data. A report on each facility was presented to the Asia Foundation on the last day of the assignment.

The facilities assessed were diverse as to location (urban, peri-urban, and rural), services provided (primary health care, curative care, MCH only, family planning), number of staff, number and types of clients, and level of funding. These differences and the small number of observations precluded any statistical analysis on aggregated data.

In general, the most basic clinical skills were performed well at most facilities. With a few exceptions, capacity building in the areas of infection prevention, interpersonal communication skills, increased male involvement in MCH and reproductive health care, and development of community participation will be necessary in these NGO facilities to achieve the PNI goal of improving access and delivery of MCH services.

The products of this mission include the survey instruments, a list of key MCH indicators derived from them, individual site assessment reports and the overall summary report.

The specific assistance provided by the two Cooperating Agencies-MotherCare and BASICS- was to design and implement a health facility situation analysis assessment tool for maternal and child health.

Specific tasks included the following:

1. The development of combined situational assessment instruments for maternal and child health
2. The pre-testing, adaptation and finalization of the situation analysis assessment instruments in-country with TAF
3. The training of local TAF resource people to learn how to use the instruments
4. The implementation of the instruments and initial analysis of findings

Two consultants, performed the facility assessment with assistance from TAF staff members at two sites (NS at the Frontier Primary Health Care Center, Kagan and Naveeda Khawaja at the Maternity & Child Welfare Association of Pakistan, Lahore). Due to time constraints, it was not possible to train NGO staff in the facility assessment procedures. It is the suggestion of the consultants, however, that such training would be valuable to enable NGOs to acquire the skills for self-assessment, self-monitoring, and self-evaluation of their programs that will provide the basis for quality assurance and improvement.

2.2.1 Data Collection Instruments

Four structured observation checklists and five questionnaires were designed/adapted for this study. They are listed below The standard Situation Analysis Questionnaires developed by BASICS for use with children, the MotherCare Situational Analysis Modules and the World Health Organization Safe Motherhood Needs Assessment Questionnaires were adapted for use for Pakistan NGOs.

2.2.2 Structured Observation Checklists

- Sick Child Visit
- Equipment and Supplies
- Antenatal, Postnatal, Family Planning Visit
- Female Sterilization Procedure

2.2.3 Questionnaires

- Sick Child Exit Interview
- Health Care Worker Interview
- Antenatal Visit Exit Interview
- Postnatal Visit Exit Interview
- Family Planning Exit Interview

The structured observations of the visits are a method for observing and assessing the health care worker/client interaction. The health care worker interviews are designed to assess

aspects of the workers training, supervision, and knowledge. The facility equipment and supply checklist assesses inventory, stockouts, logistics, and record keeping. The interviews with clients and mothers/caretakers of clients are designed to assess the understanding and interpretation of the visit from the client's perspective.

2.2.4 Key Indicators

The key indicators developed for this assessment were adapted from the BASICS indicators, modified by the addition of maternal child and family planning indicators used by MotherCare and WHO.

During this meeting each NGO's representative introduced her/himself and the organization's goals and purposes in desiring to participate in this facility assessment exercise. Background materials, including the BASICS Pathway to Survival, were discussed. the assessment instruments were distributed, and Dr. Kelly and Dr. Miller described how these instruments would be used.

The consultants traveled to and assessed five NGO health centers: FPHC (Mardan and Kagan), BHEF (Skardu), MCWAP (Skardu), FPAP (Lahore), and MCWAP (Lahore).A Debriefing, presentation of findings, and brainstorming session with TAF was held after the assessments

The detailed results of individual assessments are available in the report, however major recommendations for the five NGOs are given below:

The assessment identified the following areas of capacity building support for the NGOs assessed:

Areas of Capacity Building identified for TAF Support for NGOS Assessed

Frontier Primary Health Care

Over all the physicians had adequate knowledge of indications for referral to hospital of sick children, pregnant/postpartum women and newborn infants. Mothers interviewed knew at least 1 general and 1 specific aspect of home case management for a sick child but only 1 indication of the need for seeking health from a health center. Pregnant women did not know danger signs of pregnancy.

- In its quest for continuing funding, the NGO is attempting to shed its image as an emergency project for Afghan refugees and become known as an organization whose strategic plan is to provide long term PHC and development programs in the NWFP. Doubling outpatient fees from 5-10 rupees is being considered, but financial participation of the community can never be expected to cover more than a maximum of 10% of costs.
- The FPHC has a vision of being a model of PHC service and thus is interested in strengthening communication and collaboration with other programs, both governmental and in the private sector.
- There is keen interest and desire for training in a variety of areas: improved community mobilization (Autodiagnosis, for example), community education, nutrition, family planning, and interpersonal communication skills.
- Proposals have been developed for 2 programs (pre-school education and mental health) that have not yet received funding.
- A full scale evaluation of the entire FPHC program is planned for 1997 which will serve as the basis for future strategic planning.
- This site would be excellent for operations research, such as an iron study, or a feasibility study for reduced number of prenatal visits for normal multiparas.
- FPHC was given a high recommendation for funding as they were inclined to be a model of excellence for delivery of Primary Health Care, the organization has the vision to increase not only the quality but also the scope and geographic coverage of its services.
- As noted, the quality of maternal and child case management and universal vaccination coverage is remarkable, making this organization an excellent candidate for eventual participation in the introduction of Integrated Management of Childhood Illness in Pakistan.

Baltistan Health and Education Foundation

- Improvement of logistical system to eliminate stock-outs
- Improvement of quality of clinical services (surgical and non-surgical)
- Specific training in asepsis, sterile techniques, and theater operations
- Improvement of supervision and follow-up of CHW activities

- Strengthening of IPC skills
- Training in such areas as integrated case management,
- Community mobilization and promoting positive behavior change
- Operations research: RCT of exclusive breastfeeding; control group will be given normal care (water to newborns) and experimental group to receive breastmilk only
- Strengthening record keeping system

Maternal and Child Welfare Association of Pakistan, Skardu, Baltistan

- More staff support is needed and difficult to acquire, since it is difficult to find trained people willing to work in Skardu
- Revision of the information system: simplification and translation of forms into Urdu
- Improved logistics to eliminate stock-outs of essential supplies
- Systematic training is such areas as integrating case management, community mobilization and promotion of positive behavior change
- Upgrading of the skills (including literacy) of the support staff

Maternity and Child Welfare Association of Pakistan-Lahore

MCWAP appears to be at a turning point in their life span. On-going funding is difficult to obtain, and in some ways their effectiveness and quality in their Lahore neighborhoods may work against them in demonstrating need for sustainable funding. They have reached the end of certain funding cycles and alternative donors are being sought. In an effort to solve the especially difficult problem of finding qualified people willing to work in Skardu, the Punjabi health department in Lahore has been requested to reserve two places in the next training cycle for LHVs for women from Skardu. Another need is the training of motivators in all communities.

- Training support for LHVs and male motivators
- Operations research to examine necessary number of prenatal visits and streamlining record keeping.
- Technical assistance in grant preparation and seeking new areas of donor participation.

Family Planning Association of Pakistan

- Develop capabilities for Pap smear testing in this clinic by training lab technicians in pap slide reading and classification—this could be a demonstration project/operations research project in one clinic

- Utilize the training staff of FPAP to train other NGOs in the PNI in community development, IPC skills, IEC materials development, and asepsis/theater training.
- Together with the IPPF, the FPAP is in the process of developing a 10 year strategic plan, focusing on decentralization and a multisectoral approach.
- The FPAP has the expertise and interest in including an integrated package of child services in its program. The main constraint is lack of resources, partly due to the fact that IPPF funding is directly correlated to the volume of family planning activities.

2.3 NGO Capacity Building in Development and Implementation of Community Based Maternal and Child Health Programs.

2.3.1 Development of a Counseling Package on Breastfeeding

Following on USAID work done in Pakistan prior to the NGO Initiative and responding to expressed interest in breastfeeding, a known intervention which is highly effective in reducing child mortality and morbidity and in birth spacing, materials included counseling cares and audio cassettes promoting breastfeeding, were developed. The materials were pre-tested by participants of the NGO community, with revisions being made based on cultural, regional and ethnic considerations.

In December 1995, an initial dialogue with a select group of NGO partners representing all provinces revealed a demand for low-literacy health education material to promote breastfeeding. With technical assistance from Wellstart and The Manoff Group, the NGO workers developed, pretested, and revised educational and counseling cards and cassette tapes, as well as a community-based health and nutrition curriculum. NGOs initiated the process of establishing Women?s support groups at the community level to accommodate the needs of breastfeeding women, pregnant women, and mothers of babies over six months, engaging local women in dialogue and action to strengthen their knowledge and ability to promote and practice positive health and nutrition behaviors.

In January 1996, MotherCare Country Representative Judith Standley, with technical assistance from Wellstart/The Manoff Group, and in collaboration with Mark McKenna, TAF's Program Director for PNI, initiated activities to strengthen NGOs' community-based promotion of improved breastfeeding practices. These activities built on the communication strategy that had been developed as a result of qualitative research carried out by the national Breastfeeding Steering Committee in 1990. Supported by TAF, Wellstart, and The Manoff Group, Standley coordinated the work of a group of NGOs who developed and tested guidelines for breastfeeding support groups and a set of counseling cards and cassette tapes on breastfeeding with individuals and groups.

The development of the initial counseling material was contracted to a local Social

Marketing Firm Spectrum. During the pre-test of the material by the NGO trainers it was felt that in order to use the materials well the trainers would require more training in IPC and facilitation skills.

This was followed by a training of trainer's workshop to provide training in facilitation and support group methodology. The first training focused on enhancing the counseling skills of NGO-designated trainers, rather than use of the IEC material. Eight Pakistani NGOs, including AKU and AKHS started as partners to design the community intervention project. Over the period a critical need for training in counseling skills among NGO workers was felt. Two training of trainers workshops were organized to train Master trainers (LHVs/CHWs) from these NGOs, who will further train breastfeeding counselor's..

The workshop focused on training counselors in breastfeeding content using counseling/ communication techniques and formation of mothers support groups. The initial technical assistance was provided by Wellstart Internationals Expanded Promotion of breastfeeding Program. The NGOs were involved in review of the draft materials on breastfeeding, and development and pre-tested educational materials, early on.

Following the training there was a workshop during which a curriculum was developed for use in training of NGO health workers. Consultants form Aga Khan University, working on Lactation Amenorrhea Method (LAM) of family planning materials, attended the workshop to discuss the expansion of the LAM training to include these breastfeeding materials.

The main objective of the lactation counselors network is to improve community participation through expanded coverage of the networks activities. The implementation process included three phases are illustrated below:

Implementation Phases

Phase 1

- Training of NGOs in Development and Pre-testing of Educational material, cassette tapes;
- NGOs practice group facilitation activities through training of Trainers in Counselling/Support Group Methodology
- NGOs Prepare a Training curriculum Training of Trainers/Development of Training Plans for NGOs

Phase II

- NGOs will recruit and select counsellors
- Develop a profile of the counsellor and get it approved by the community
- Training of BF Counsellors on BF content/counselling and support group facilitation.
- Counsellors continue support group activities and will be guided and monitored(supervised) by LHVs/CHWs
- A referral system will need to be established to provide support to mothers which may be out of the scope of the counsellor

Phase III

- The program is complemented by a monitoring, Supervision and information system, which will use both qualitative and quantitative indicators.

Based on the plan of action developed during the planning together meeting MotherCare focused its activities on expansion of the counseling and support group intervention to include maternal health and nutrition , and child health and nutrition areas . Technical assistance in this phase was provided in the following areas:

2.3.2 Build the Capacity of NGOs to Conduct Qualitative and Formative Research to Expand the Breastfeeding Package for MCH and Nutrition Interventions

Between May 1997 to September 1998, these same NGOs collaborated in formative research on infant feeding, maternal nutrition, and pregnancy-related care with the intention of informing program activities in areas beyond breastfeeding. Naveeda Khawaja, Program Coordinator for MotherCare and Resident Health Adviser to PNI, led this second phase of formative research and IEC materials and curriculum development.

The objectives of the research were as follows:

- Improve understanding of mothers , fathers , and mothers-in-law s beliefs about maternal nutrition, anemia, and danger signs during pregnancy and delivery, the reasons for current practices related to these issues, and the constraints to changing behavior.
- Investigate the attitudes and beliefs of various community and facility-based health workers on prenatal care, and assess their motivations and constraints to providing effective counseling.
- Test, at the household level, the acceptability and feasibility of potential recommendations for improving prenatal care and nutrition during pregnancy.
- Test, at the household level, the acceptability and feasibility of potential recommendations for improving nutrition during lactation.
- Test the acceptability and feasibility of potential recommendations for improving young child feeding at the household level.
- Increase program planners understanding of mothers , fathers , and mothers-in-law s beliefs about infant feeding, their reasons for current practices related to child nutrition and the constraints to changing behavior.
- Investigate current beliefs on infant feeding of various community and health facility-based health workers, and assess their motivations and constraints to providing counseling on infant feeding.
- Build capacity of NGOs to do qualitative/formative research and to design community-based nutrition interventions.
- Revise behavioral grids, which were based on literature research, in the light of new research.
- Develop and revise new counseling cards.
- Revise three chapters of the curriculum (Child health and Nutrition, Maternal Health and Nutrition, and Child Spacing), counseling cards, and support group chapters.
- Inform the revision of existing counseling cards and the development of new counseling cards.
- Revise three chapters of the curriculum.

Literature Review

MotherCare/Manoff, through two local consultants, conducted a thorough review of qualitative research studies on maternal care during pregnancy. The purpose was to develop a comprehensive synthesis of current information available on the issues of maternal and child health in Pakistan. This synthesis, based on published and unpublished documents, included an analysis of current behavioral practices related to maternal child health and also barriers to changes in those practices. The literature review collected information on:

Beliefs and practices surrounding, Delivery, Newborn care Breastfeeding at birth Complications during pregnancy Antenatal care Recognition of danger signs during pregnancy reproductive health services, i.e., quality of care, importance of maternal nutrition. The use of iron supplementation for the control of anemia

From this review, researchers developed behavioral grids, which identified the information available as well as the information gaps that needed to be filled.

After the review was complete, the NGOs involved in community-based counseling were asked to nominate master trainers trained in counseling skills to participate as researchers. On completion of the literature review a core research team was hired which included Dr. Jalil (a senior researcher and leading Pakistani pediatrician), Ms. Abida Aziz an anthropologist with vast experience in qualitative research, and Ms. Khawaja formed the core team that oversaw the research activities. They were responsible for development of the research plan, pretesting and revision of question guides, training of the NGO partners, coordination of data collection, data tabulation, data analysis, and initial report writing.

In addition considering that there was tremendous increase in the workload , it was agreed that a program assistant would be hired to facilitate the MotherCare Coordinator and the salary would be paid through the support services sub-contract.

In a national training workshop, the research team was oriented as to the purpose of the research and trained in skills for conducting qualitative research. In addition, the team helped modify the research instruments. At the training site in Murree, participants learned to conduct 24-hour recalls, apply the TIPs techniques, and conduct in-depth interviews. Tools were modified based on the field experience. Five-day training sessions were then held in each province to improve the research and supervisory skills of the NGO master trainers, to train the NGO research teams to conduct the formative research on MCH, and to finalize detailed strategies for conducting the research.

The research targeted pregnant women and lactating mothers with a child currently less than six months of age. Critical to understanding these groups were the **Trials of Improved Practices (TIPs)** conducted with 46 lactating women and 32 pregnant women. This participatory research technique invites program participants to pretest potential program products or practices prior to their inclusion in the program. Besides helping to define practices, TIPs also indicate the relative ease or difficulty of people adopting the practices,

the nature and strength of barriers to carrying them out, and benefits and other motivations to help overcome these resistances.

Researchers conducted three interviews with pregnant and lactating women. In the first interview, each woman s 24-hour recalls were recorded. Teams then analyzed the 24-hour recall using the calorie charts and went back to the same woman to give her feedback on the dietary analysis and any problems identified. In this second interview, researchers offered recommendations of improved practices along with motivations for the identified problem, and the researchers and the woman agreed on two recommendations for the woman to try over the next five days. The interviewers returned on the sixth day, did another 24-hour recall, and discussed the mother s experience of trying the recommended practices.

Due to the fact that decisions related to health care and nutrition are not made in isolation from other members of the society, three main categories of persons who could influence decision-making were identified. In-depth interviews were conducted with mothers-in-law, fathers, and health care providers including LHVs, doctors, LHWs, and dais.(see summary reports for sample.

The trials of improved practices (TIPs) that were part of this research offered pregnant women recommended behaviors that addressed their need and tested options for practices they were ready or not ready to adopt.

The formative research was also used to inform the development of educational and counseling materials and activities designed to help improve the way mothers feed their young children. Researchers carried out in-depth interviews with mothers of healthy young children, young children with diarrhea, and young children who were recovering from illness to gain a better understanding of their beliefs and practices regarding the care and feeding of their children. Due to the fact that decisions related to health care and nutrition are not made in isolation from other members of the society, researchers also identified three main categories of persons who could influence mother's decision-making. In-depth interviews were therefore conducted with mothers-in-law (MILs), fathers, and health care providers, who comprised doctors, lady health volunteers (LHVs), lady health workers (LHWs), and dais (traditional birth attendants).

TPS were conducted with mothers of healthy children from six months to twenty-four months old as well as mothers of sick children 0-24 months. The Trials of Improved Practices (TIPs) that were part of this research tested recommendations with mothers of healthy children, children with diarrhea, and children recovering from illness regarding breastfeeding, introduction of complementary foods, variety of foods, frequency of feedings, and quantity of food given at each meal. Of particular concern to researchers was that most children involved in this research were receiving fewer calories per day than necessary for their age and state of health.

Most mothers were able to significantly improve their children s diets in at least one of the following ways, increasing frequency of breastfeeding, mixing milk in foods (as opposed to

serving it as a drink),Giving soft foods between breastfeeds Increasing the frequency of meals

A majority of the recommendations that may be made as a result of this research focus upon specific ways in which mothers can improve the diets of their children under two years of age. Many suggestions are also made regarding the support that influential family members, such as husbands and mothers-in-law, and health care providers, such as doctors, lady health visitors, lady health workers, and dais, can provide to the mothers in their efforts to improve the nutritional status of their children.

Data Collection, Data Collation and Data Analysis (November 1997-April 1998)

The TOT workshop in Murree was followed by four provincial workshops to train the second tier of researchers and complete the training of the supervisors. Group work, demonstration of 24-Hour Recall, role plays by individual pairs to do interviews , and field work to actually conduct the interviews were the main methods used to train the team. The first provincial workshop was used to pre-test some of the Urdu questionnaires to determine whether the vocabulary and meaning of the questions were understood.

The NGOs invited mostly LHV's and CHW's to participate in the training. However during each workshop trainers reviewed the capacity of trainees in terms of their interviewing, reading and transcribing skills. Those found weak were ask to remain in the team and were trained to select the respondents from the communities.

A list of case definitions for technical terms was also developed and was than used in all workshops to standardized the understanding of interviewers.

Last day of the workshop was used to do a detailed planning of fieldwork. Most fieldwork started soon after the provincial workshop. (See list of research team). The following NGOs conducted the research in various provinces:

Punjab:	Apna Sehat, OPD, MDM, MCWAP.
NWFP:	Apna Sehat, Pak-CDP
Sindh:	HANDS, MCWA Sind
Balochistan:	BRSP

Out of these MDM and MCWA Sind were teams that were new and did not participate in the Murree training. However one of Apna Sehat?s supervisor worked with MDM team after completing her work in Sahiwal. The research teams were also trained in skills for transcribing and synthesizing information from 24-Hour re-calls after they interviewed in the field. Each NGO had selected a village to do the field work during the workshop. The provincial training also taught the Supervisors to analyze and summarize the information for TIPS 1, 11 and 111.

Khawaja coordinated with TAF to provide partial costs for training workshops/field costs before NGOs started their research. Most of them said that they did not have any money for extra activities...and definitely none of the NGOs involved are active in research for most of them this is their first experience.

TAF covered the costs of these provincial workshops. The last day of each work shop was used to do the field planning , and following these workshops the research teams started collecting the data.

NGO research teams collected the data between November and the first week of January. This was followed by transcription of data onto summary forms .The summary forms were first pre-tested with the research coordinator for Apna Sehat, following which Abida and Naveeda trained the other teams to transcribe the data. The data .

The core research team in collaboration with NGO research supervisors , collated and analyzed the data . The research supervisors filled the 24-hour recall data and data from the trials onto summary forms. Summary research forms were developed to transcribe the data from in-depth interviews. This was followed by a 10 day data analysis workshop in

Islamabad from one set of data themes were developed for data analysis. The data analysis training was a hands on workshop in which the group was divided into four working groups, lactating mothers, pregnant mothers, healthcare providers and healthy and sick children.. The participants were introduced to process of analysis and synthesis of behavioral data, using the behavioral grid format. The groups than manually highlighted responses from various provinces onto single sheets for each question.

The groups also analyzed the data from the trials, and looked at the various feeding problems that were identified. Through the 24-Hour recalls. They analyzed the summary recommendation forms to see which options mothers were willing to try and why. The core research team thus wrote the reports from these summary sheets. The initial reports were prepared by the core research team in Pakistan and the summary reports were put together and edited by Manoff consultants.

Behavior change was kept at the forefront to analyze the research findings, and to design the message strategy. The core research team developed a list of ideal behaviors that could be considered the best or optimal practice. The research findings to identify the current behaviors correspond to what the audience is actually doing. Along with understanding the what your audience considers benefits or barriers of a particular behavior.

The research through TIPs helped to identify problems for pregnant and lactating women resulted from lack of understanding about these problems. Once empowered with information, the women found many of the suggested behavior changes acceptable and easy to implement. They had the support of their families, who were concerned about the health of both the woman and the child. Although the women were all from low-income families, almost all recommendations seemed to be within the means of the families. While health care providers tended to know more about the ideal behaviors, they often were not effective educators or they promoted actions in a way that families did not understand clearly. The information from the in-depth interviews and trials were was used to understand the current practices , and analyzing the benefits and barriers against the recommended ideal practices. Based on the in-depth interviews and the TIPs, specific recommendations were made to design specific interventions for community based MCH programs.

2.4 Development of Communication Strategies and Messages for IPC Interventions (June 1998-August 1998)

Apart from identifying the broad implications for maternal and child health programs, the findings of the trials and in-depth interviews were used to develop new counseling materials. as the strategy for community based promotional activities through group counseling and individual counseling was pre-determined. The core research team thus came up with the most feasible behaviors that the intervention could promote

Spectrum was paid by Manoff /MotherCare to develop cards. They used the agency brief to design a set of new counseling materials.(List given below) Spectrum was involved both at

the message development stage , as well as the final review meetings to discuss the final changes in the drawings after the pre-test.

The pre-test was done by the same NGO representatives participating in the research. A three day training workshop was organized in Islamabad and NGO participants applied the pre-test in a village near Islamabad before actually conducting it in all the four provinces. A follow-up meeting in Islamabad was organized to revise the messages and pictures based on the results of the cards.

2.4.1 Pretesting of Counseling Cards and New Chapters

Researchers from Apna Sehat, Pak-CDP, BRSP, HANDS, MCWAP, OPD and Vision participated in conducting of the pre-test. Mr. Tahir Khilji was involved to pre-test the materials with fathers and healthcare providers. Vision is an NGO currently involved with male involvement activities in reproductive health, and particularly will be working on IEC development for creating awareness amongst HIV/AIDS high-risk group of men selling sex to men.

From each site selected for the pre-test two groups of mothers were selected. One to get feed back on drawings. The other to be counseled by health workers using the counseling cards.

Three guides were developed for the three target groups:

- Guide for mothers (drawings): The purpose of the guide was to talk to randomly selected mothers of children in the various age groups, pregnant and lactating mothers about the drawings on the appropriate counseling cards.
- Guide for mothers (counseling and cards): Randomly selected mothers are counseled by a HW using the appropriate counseling cards. After the counseling, the guide was used to talk to the mother about her counseling experience and about the counseling cards.
- Guide for HWs (counseling and cards): After the HW has counseled his/her quota of mothers, use this guide to talk to him/her about the counseling experience and the counseling cards.

The pre-test was conducted in all the four provinces. Each team pre-tested one chapter of the curriculum The master trainers gave an orientation to health workers, and later conducted a support group discussion with mothers on child spacing, infant feeding and maternal health .

The team was divided into pairs an interviewer was paired with an observer who took notes.

The different attributes that were measured through the pre-test of counseling materials were: the comprehension, attractiveness, acceptance, involvement, identification and inducement to action.

The pre-test gave an opportunity to evaluate the counseling and facilitation skills of the

master trainers. One of the key findings was the lack of skills to prioritize the problems. Once the problem was identified the health workers were able to use the appropriate cards. Based on the results appropriate changes were suggested by the pre-test team. One of the major adjustments was to simplify the text of the messages. The cards were pre-tested with fathers and in most of the cases the men thought the cards could be used to educate fathers also.

2.5 Training of Trainers (24-30th August, 1998)

The trainees already had a good sense of the content from their experience in the pretest and research, therefore the focus of the training was more on their weaknesses, such as training on counseling and facilitation skills in addition to how to set up the training. Some of the elements to include in the training are listed in box....., with particular emphasis on skills and practice. The content of the training was based on an evaluation by the outcome of their skills evaluated during the pre-test.

The first two days were spent in building the skills needed as trainers to assess counseling and facilitation skills of trainees , the third day was used to assess the trainers skill in planning a training ,followed by training of LHV's from Behbud. At the end of each day, the trainers debriefed on the day? experience as trainers and discussed what went well, what did not, and how it can be improved.

2.5.1 Interpersonal Counseling Skills

- Review new cards to ensure that everyone is comfortable with the new content
- Review of how the cards are used, ie. how to choose the right cards
- Review of counseling skills---how to ask open ended questions, how to probe, how to listen to the mother, how to clarify what she has said to ensure good understanding, how to negotiate improved practices with her and how to come to an agreement on what she is willing to try.
- Demonstration of a good counseling session by the trainers
- Practice by participants (participants split into couples and simulate counseling session
- Debriefing? how did it feel, what were the problems, what worked
- Demonstration by one couple of participants
- Group discussion on what went well in the demonstration and what did not

3. Group Facilitation Skills

1. Reviewed new chapters to ensure that everyone is comfortable with the new content
2. Reviewed how the chapters are used, ie. what characterizes the general methodology (questions, groups discussion, practice, etc...)
3. Reviewed of facilitation skills? how to greet and welcome a group, how to explain the objective of the meeting, how to set up guidelines or rules for the group in a participatory, non-intimidating way, how to facilitate the discussion, how to probe, how to wrap up.
4. Practice through demonstration of a good mini-group discussion for one of the exercises in the new chapters
5. Practice by participants (maybe split in two groups, depending on how many people ?? one to be the trainer and the others to simulate the participants)
6. Debriefing? how did it feel, what were the problems, what worked
7. Demonstration by one of the groups of participants
8. Group discussion on what went well in the demonstration and what did not

4. Management Skills to set up the training

1. Defining objectives of the training
2. Defining needed materials, location, number of participants, transportation's, all logistics, etc..
3. Developing the agenda? what material to cover, what exercises to use
4. Assigning responsibilities---who will do what
5. How to evaluate the training
6. Group work: Development of the training for the next two days, presentation of the plan, discussion/improvements to the plan

4.1 Community Diagnosis – Monitoring and Evaluation of MCH Intervention

The community based MCH and nutrition package includes in its design the methodology for a before and after community assessment and evaluation based on key behavioral indicators on maternal and child health and nutrition

The intervention? focus is on discussing with the women in the support group the need to find out more about how mothers care for and feed themselves and their children. Through the mothers group and counseling, the women will share information and figure out the best way to eat and care for themselves and to feed and care for their babies. The new things that mothers do will improve their own and their children's health, and this improvement can be measured.

Develop a map with the women in the mothers group. This can be done through PRA mapping techniques or by house-to-house visits, and then transposed to a large paper.

The group should design symbols for pregnant women, for lactating women with infants 0-5 months, for children 6-11 months, and for children 12-23 months old. They should put the symbols on the map to show where these women and children live.

Each household should be visited to validate the information and to obtain information for the baseline.

A follow-up mini-survey should be carried out 6-12 months after the start of the intervention (support group and/or individual counseling) to identify newly pregnant women and to see if reported practices have changed.

To complement this survey, and to give a visual presentation of the nutritional status of the villagers young children at a particular time, the mothers support group, with assistance from the NGO, can organize a community growth monitoring session. All infants 0-23 months in

the village are weighed on one day and their weights plotted on a large community growth chart. The whole community is able to see how many children are well nourished, how many are undernourished and at which ages the children seem to have most trouble. This information can motivate the whole community and help clarify action for the mothers group.

This community growth chart exercise can be repeated at the same time as the follow-up mini-survey (6-12 months later), to show progress and plan future work.

4.2 MotherCare's Operations Research Projects

SafeMotherhood Intervention Study in Korangi (Urban) qualitative research on abortions was initiated by AKU under a subcontract with MotherCare.

MotherCare supported two studies through a sub-contract to AKU, on "Improving Pregnancy Outcomes Through Training o Reproductive Health Care Providers and Community Education" and "A Community and Hospital-Based Study to Examine the Magnitude of Induced Abortion and Associated Gynecological Morbidity" continue to date.

Two additional subcontracts were made the first to provide funding for the dissemination of the lessons learned during the combined studies. This information will be disseminated within Pakistan and by the researchers at selected meetings, conferences and workshops held in other locales. The other study also focuses on the dissemination of information, particularly the information learned from the abortion study. This study came about as the result of meetings held within Pakistan where doctors stated the information should be shared and become part of the training for new physicians.

The design of the Safe Motherhood Project took into consideration the findings of a community-based survey as well as a hospital-based survey conducted in Karachi. The results of both these studies indicated the inadequacy of appropriate and timely triage at the community level, largely due to the delay in referral and inappropriate local level maternal health care. Similarly, the hospital-based study revealed that socio-cultural factors and inadequate maternal services contributed significantly to the cause of delay for the 150 pregnant or recently delivered women who were brought dead to Jinnah Postgraduate Medical Center over a twelve year period [1981-1992]. Therefore, the Safe Motherhood Project, in Korangi Sector 8, Karachi, aimed at:

- Training reproductive health care providers
- Community-based information, education and communication campaign
- Establishment of a referral system from the community to the hospital for immediate transfer of women with complications including hemorrhage, eclampsia, puerperal sepsis and prolonged/obstructed labor.
- For early recognition and timely referral of the four main obstetric complications - antepartum and postpartum hemorrhage, eclampsia, obstructed/prolonged labor and

puerperal sepsis.

- The duration of the Safe Motherhood Project was twenty-nine months: April, 1996 to September, 1998 during which the following activities were conducted:
- Formative research through in-depth interviews from thirty men and thirty women and fifteen health care providers in the intervention area for eliciting information on obstetric complications.
- Development of training manual/material for training of the health care providers
- Conduct of a twelve-month training program for health care providers
- Conduct of a pre and post knowledge, attitude and practice survey among the health care providers
- Development of a video film regarding selected essential obstetric skills for the primary health care provider.
- Development of printed information, education and counseling material for the community on the four major obstetric complications.
- Conduct of a baseline survey for assessing the knowledge and prevalence among men and women in the community regarding obstetric complications
- Conduct of a pre and post evaluation of the counseling of pregnant women and their spouses.
- Development of a simple health information system form for the clinic and tertiary hospital to track obstetric complications.

The health care providers training program spanned a period of twelve months (July 1997 - June 1998) . Four categories of health care providers (12 doctors, 9 health assistants, 6 lady health visitors/midwives/nurses and 27 traditional birth attendants) participated in the training program consisting of monthly meetings for each cadre of health care provider. The fundamental objectives of the training program were :

- To understand the role of health care providers in the role of Safe Motherhood activities
- To recognize obstetric complications
- To differentiate between mild, moderate and severe obstetric complications
- To manage mild obstetric complications appropriately
- To refer women with moderate or severe obstetric complications in a timely fashion to an appropriate health care facility

- Take appropriate measures prior to referral

Details of the training program and teaching learning strategies are elaborated in the training manual A *Management and Prevention Of Obstetric Complications At Primary Care Level*, a by-product of the project. A video film titled *A Selected Essential Obstetric Skills At Primary Level* was also developed to be used during the training program.

Community-based information, education and communication materials were developed This process took nearly 18 months and culminated in the following materials:

- An emergency booklet focusing on the reasons for delay, the necessity for making an emergency plan, emergency messages and preventive messages
- An antenatal card focusing on three antenatal check-ups, the nature of these check-ups, emergency messages for obstetric complications and preventive messages on nutrition, iron and folic acid supplementation and tetanus toxoid immunization.
- Five posters each depicting one of the five common obstetric complications - antepartum hemorrhage, postpartum hemorrhage, obstructed labor, eclampsia and puerperal sepsis. The story line for each poster was based on a real story of that particular life-threatening obstetric complication and depicted the delay factors associated with moribund women arriving too late at the hospital. The key message displayed at the bottom of each poster was referral to Jinnah Postgraduate Medical Center for that particular obstetric complication.
- A preventive poster describing key preventive messages regarding antenatal care, diet, iron and folic acid supplementation and tetanus toxoid immunization.

4.3 Balochistan Safe Motherhood Initiative-An Intervention Project for Reproductive Health Services in Khuzdar

The objective of the Qualitative research was to study the rural women s knowledge, attitudes and practices regarding reproductive health and health services utilization. The results of this Qualitative Research would be used develop the contents and methodology of the information, education and communication (IEC) campaigns as well as in improving the existing government health services. The methodology used for data collection is: focus-group discussions (FGDs) and structured in-depth interviews (SIIs). Specific areas of investigation included family planning, obstetric care and danger signs of high-risk pregnancy, anemia, obstetric emergencies, antenatal care, care during delivery, postpartum care, and health services utilization.

Two sets of guidelines were developed, the first focusing primarily on obstetric danger sign and the second primarily on family planning. Questions on women s behavior regarding health service utilization were included in both. The guidelines were adjusted according to the interview method used (FGD or SII) and the composition of the target group. To ensure homogeneity of groups, younger (age's 20-35 years) and older (ages 36-49 years) women

were interviewed separately. Criteria for interviewing included being currently married and having given birth to two or more children. Many of the older women were likely to be mother-in-law. In addition, twelve traditional birth attendants (TBAs) were interviewed using the guidelines on obstetric danger signs. Selection criteria for TBAs included: under 50 years of age, having delivered at least one baby during last three month, living within fifteen kilometers of selected primary health facility (PHF), and identified by village women as an active TBA. Some of these TBAs also participated in a FGD using the same guidelines.

Six local women having matriculated to college level education were trained as field researchers. Their selection criteria included language skills (excellent command over spoken and written Urdu and at least one local language) and capability for moderation and note taking. The research coordinator conducted training. During training, the guidelines were translated first into Urdu and then into local languages (Brahvi, Balochi, and Sindhi). Services of three local TBAs were also acquired who provided the native equivalents of common technical terms. Each question was extensively discussed to assure that field researchers understood and internalized its purpose. This process was an important evaluation method and allowed the trainer to assess each participant s level of understanding of the research purpose and hence their capability to explore and probe beyond the written question.

4.3.1 Situation Analysis

The situation analysis (SA) of primary health facilities (PHF) included in the study area and of the emergency obstetric care (EOC) facility (Divisional Hospital, Khuzdar) was carried out to assess the range and quality of reproductive health services. The SA provided a profile of government health services in the project clusters, including the PHS and the first referral-level hospital. It identified training needs of health personnel as well as the needs for equipment and supplies.

Data was collected through observation, provider interviews, patient-inflow studies, and exit interviews with patients, inventory checklists and review patient records. The research team included one staff interviewer, two client interviewers and one record interviewer, all of whom received one-month s intensive training.

4.3.2 The Baseline Survey

The baseline survey has the objective of collecting information on the output and outcome indicators used to monitor and evaluate the interventions. The survey has now been completed . The Baseline survey is being conducted in all village clusters included in the project area (randomization into control and intervention has not been carried out yet). All PHFs located within an 80-kilometers radius of the Divisional Hospital are included in the project. Survey is being conducted by 24 local women, having an education of matric or above, who were given an intensive, three weeks training in survey methodology, interview

techniques and the contents of the questionnaires. The interviewers are divided into three teams, each supervised by a more experienced woman. All interviewers and Team Supervisors speak at least one local language; a majority of the interviewers speak two or more local languages. The Field Supervisor and the Survey Manager are responsible for pre-visits to the villages, logistics of the fieldwork and quality of the data. Spot checks for quality assurance, and re-interviews to ensure reliability of data, are being conducted concurrently by the team supervisors and a smaller team of specially trained interviewers.

4.4 Program Development and Implementation in Reproductive Health with Several NGOs

The NGO-specific activities were to include operations research and intervention projects with the FPHC, FPAP, BRSP, Apna Sehat and SCF . however two of these were implemented for one the funds came from MotherCare and the FPAP one is funded by TAF through a PNI grant.

4.5 Documentation and Information Dissemination Activities

4.5.1 Mother and Child Journal

Technical advice was given to The Maternity and Child Welfare Association of Pakistan on the composition of their editorial board for "Mother and Child" and specific plans for the Spring, 1996 publication. This facilitated their proposal to TAF for funding.

4.5.2 Reproductive Health Information Radio Program

Technical advice was given to the Aurat Foundation to prepare a proposal to TAF for funding of radio programs on reproductive health issues, training of village health workers to lead discussions on program content, and design of an evaluation component. Manoff also provided a short one day feed back on the evaluation of the radio program. (see Richard pollards report for Recommendations)

4.5.3 State of the Art Workshop

As agreed in the Planning Together meeting a State of the Art Workshop in Reproductive and Newborn Health took place from October 26-29, 1997 in Islamabad. The workshop goal was to improve capacity of NGOs to develop, integrate and carry out reproductive health activities. Sixty people representing NGOs, government, and research organizations, attended the workshop.

The three day workshop included presentations, group analysis of case studies, self assessment of participant s own programs, group discussions, and a poster exhibition. Ms. Mary Ellon Stanton, set the tone for the workshop with her presentation on Reproductive

Health-The Global Perspective; What We Know and What We Are Learning. This was followed by a presentation on AICPD: Policy issues in Pakistan and a Review of the Reproductive Health Situation in Pakistan. Amongst other presentations, there were presentations on Abortions, Social Marketing and Breastfeeding in Pakistan. Apart from these presentations another important component of this workshop was the group exercises for the participating NGOs. These excursuses included presentation of data analysis by the participating NGOs, critical analysis of case studies based upon actual projects and finally application of information learned during the workshop and forming a plan of strengthening the participating NGOs to integrate maternal and newborn care intervention in their programs.

The State of the Art Workshop brought out the need for continuing a technical dialogue with NGO partners and relevant government officials.

The workshop evaluation showed that participants wanted more technical information on effective reproductive health strategies, as well as a forum to think critically about their own programs.

At the end it was recommended that the State of the Art workshop should be followed by smaller technical workshops; one on emergency obstetric care (including care of newborn), and another on communications- explaining how the community based breast feeding activities were developed and how they are expanding.

4.5.4 Dissemination of MotherCare Experiences Research Findings and Communication Strategy meeting

The three day workshop "The MotherCare Experience in Pakistan: Dissemination and Strategy Workshop on MCH and Nutrition" was held in Islamabad from October 6 to October 8, 1998. The Asia Foundation, MotherCare, and Pakistan National Forum on Women's Health in collaboration with UNICEF organized the Workshop. The Workshop was attended by representatives of the NGOs collaborating under the Pakistan NGO Initiative (PNI), other NGOs representatives, government officials from the ministries of Planning & Development and Health, experts from the academia, and professionals from media and production houses.

The purpose of the Workshop was to provide a forum to the collaborating NGOs to share their research experiences with the participants. These experiences included results of formative Maternal and Child Health (MCH) research conducted by the collaborating NGOs using the instruments like in-depth interviews and Trials for Improved Practices (TIPs), their experiences of interaction with the community during the research phase, and the different ways through which such experiences could be utilized to further networking, synergy-building and prepare plans of action.

The Workshop also provided an opportunity to the participating groups to explore the ways and means through which they could build upon the research results, disseminate them in the

best possible way, and use innovative techniques to spread the important MCH messages far and wide.

The first two days of the Workshop (October 6-7) had plenary and group working sessions involving all participants. The third and the last day (October 8) were used by the collaborating NGOs to make their plans for the next phase of the project.

5. Lessons Learned

The Global Bureau cooperating partners responded to requests for technical assistance from TAF and its NGO grantees in the areas of community assessment, empowerment, family planning and child survival (especially breastfeeding), training and communications. With the exception of the Wellstart Expanded Promotion of Breastfeeding Project (EPB) which was completed in Dec., 1996, the other assistance was focused upon community diagnosis, facility assessment and, to a major extent the focus has been on capacity building. During year 11 and 111 activities have been developed with a select group of NGOs with the ability to refine their ability to plan activities allowing for more effective implementation. Activities have been proposed for implementation of this model followed with a pre and post baseline survey to on-going activities of several NGOs. The lengthy diagnostic phase of activities is transitional for the action-based activities and reflect responsiveness to the demand-driven philosophy of TAF and an empowerment focus of the projects.

The EPB program was able to use diagnostic studies completed before PNI to accomplish the development of an excellent set of culturally appropriate breastfeeding promotion and counseling materials (audio and visual and translated into 5 languages) and the training of NGOs in their use. The new formative research thus led the intervention design towards a more holistic MCH and Nutrition Intervention. Some of the lessons learned for various CP inputs are given below:

5.1 NGO Capacity Building in Participatory Planning Processes

5.1.1 Auto –Diagnosis Workshops

- Thes workshops were quite successful in beginning the process of re-orienting some of the NGO staff to participatory approaches. In some cases, this involve a fundamental shift in the way that activities are decided within the NGOs. The implications of this may not be fully appreciated by all the NGOs which makes the follow-up workshops and field visits critical to the success of this approach.
- Training was designed for NGO participants to try some of the procedures in their own project area before returning to the next workshop.
- Through this process our NGO workers have learnt to challenge their own beliefs, attitudes and practices in the process of becoming good listeners, communications and facilitator.

- Our own attitudes towards village women affect how we work with them e.g. if we see them oppressed and dependant only we might not recognize their capacity to analyze and solve their own problems. We may be reinforcing the sense of dependency.
- Initailly it was decided that health need not be an explicit focus but rather promote a participatory approach which begins with identifying the felt needs of the community. However later the Cps felt that these workshops had not provided the data as expected to design and facilitate program development for health care.
- Training programs should not only focus on PRA techniques. They should include ways to :
- Build self esteem and self awareness, skills in specific techniques and procedures including social analysis,understanding the larger context of participation in health and development, and an understanding of health as well being rather than disease prevention;, the issue of power relationships.
- At the same time health workers are often faced with the challenge of addressing an issue which the communities rarely want to discuss, let alone prioritized. The question is how do we introduce a subject that is not perceived a need? Implications of this approach means that instead of starting an immunization program the NGO might start with an income generation program if the women feel that is their priority.
- These workshops began the formation of a women NGO network. However, for program planning you need to involve men and children also if real change needs to take place in the way that programs are developed, senior staff of the NGO will need to understand and support this approach.
- There is need to develop indicators for monitoring the progress of the NGOs in implementing community participation. The Asia Foundation the NGOs will need a way to assess their progress. Such indicators would also serve to focus the NGOs of the objectives (why they are doing this) as opposed to the specific techniques (how they are doing this). Although some process indicators could be included, they should be kept to a minimum (e.g. the number of mapping diagrams completed does not tell us much about what has been accomplished). The NGOs may also want to develop indicators in consultation with the women=s groups in the communities so that the women the selves can monitor their own progress.
- More attention will need to be given to developing a supportive environment within many of the NGOs for a participatory approach. If real changes are to take place in the way that programs are developed, senior staff of the NGOs will need to understand and support this approach. This could be done in a number of ways, including having a workshop session for senior staff where other staff present their experiences.

- Senior staff should also be encouraged to observe some of the field activities when appropriate (when the moderators have developed a rapport and feel confident in their moderating skills, etc.).
- In the future, it is essential that all the facilitators have an opportunity to develop a common vision and set of objectives for the workshop. This workshop evolved a great deal from the original concept. Some of this is inevitable as facilitators become more familiar with the needs and skill levels of the participants but much of the shifting could have been avoided by reaching consensus on the overall objectives.
- This planning phase also allows the facilitators to learn the strengths of the other facilitators so that the workshop benefits by drawing on the strengths of the other facilitators so that the workshop benefits by drawing on the strengths of each person.
- Only a couple of the NGOs were working with established women=s groups and many of the participants did not have experience conducting group or individual interviews.

5.2 Health Facility Assessment

- For this type of assessment to be used by the NGOs for self-assessment and diagnosis, the methodology would need to be made more user friendly, i.e., simplification of the tools and training and translation of the tools into Urdu or other appropriate language. If TAF were to do this as a Situation Analysis on a global scale, time would be needed to train the workers in each site. Ideally, two clinicians and a social scientist would be needed to do a through and unbiased analysis.
- Coalition Building: In areas such as Skardu where the presence of two nominally competitive NGOs has led to parallel and duplicative service delivery, we would recommend better coordination, with the merging of skills and responsibilities where possible. Nearly all of the sites could benefit from training in IPC.
- Presently in the United States coalitions and mergers are taking place among many individuals, organizations and institutions involved in health care services delivery. Cost-effectiveness through economies of scale and decreasing duplication of services have become key words in health care delivery reform.
- In our survey of NGOs in Pakistan we learned that the very survival of the institutions were threatened. Investigating how individual small NGOs could collaborate to decrease costs would be another research project that would benefit all NGOs.
- Family Planning: Outreach to the community to develop more acceptors of family planning can probably only succeed with the acceptance by the religious leaders and by utilizing male motivators. Again, this is a need for all of the NGOs.

- Decreasing Maternal Mortality: WHO, UNFPA, MotherCare, and have all stated that one of the most important activities that TBAs can perform to reduce maternal mortality is to know the danger signs/risk signs of pregnancy and labor and to teach them to family and community members. This was not being done in many of the NGO clinics, and we would recommend that all of the TBAs, CHWs, and Dais be taught these signs and trained how to teach them to their patients and spread this knowledge to the community
- Results of the assessment have assisted NGOs to identify areas which need strengthening or could be expanded and TAF to anticipate the types of technical assistance and funding needed to stimulate expansion and quality of NGOs providing child and women's health and family planning services.
- Similarly the HFA can help NGO teams evaluate the quality of care in their areas and plan activities based on their assessment. Out of the participating NGOS fPHC has used some of the tools to od some internal assessments of the quality of their staff. However if NGOS involved in service delivery are willing to use these tools they will need to be translated into Urdu and may need to be simplified further.

5.3 NGO Capacity Building for development and Implementation of MCH and nutrition Interventions:

5.3.1 Training of Trainers from Collaborating NGOs

Initially the NGO trainers participating in our workshops thought that counseling meant to give advice. Their main goal when they came for the training was to learn how to give advice and to make mothers do what the counselor thought was best for them. However after a series of two workshops NGO trainers improved their communication skills and understand that counseling was about building self-esteem while giving support and information.

Participants from the training felt that every person has experiences to share and found the training methodology as a wonderful way of conducting a learning process. However observation of support group practice sessions indicate that participants need additional practice to communicate effectively and improve their facilitation skills.

The NGO trainers adapted a community-based curriculum after reviewing eight different curricula as well as three national curriculum. the curriculum chosen uses a support format and all the exercises are done as counseling sessions. The whole curriculum is a series of open-ended questions and participants found that this helped in conducting the training in a participatory way. The curriculum includes 13 modules.

Generally the NGO workers had different opinions on how to approach the "women's health and family planning issues." Part of the group felt that women did not want to talk about such intimate issues while some felt that these methods should not be discussed in detail.

However community support group work was not in-built with in NGO work in Pakistan, the implementation of this methodology will have to be closely monitored. NGO participants need to meet every three to six months to have their own support group to share experiences, plan strategy need to meet every three to six months plan strategies and solve problems that come their way.

NGO health workers lacked lactation management skills, but the second TOT using the Urdu curriculum helped in strengthening their facilitation/lactation management skills.

The NGOs will have to consider training male counselors to work with the male members of the communities.

The mother-in-law is a key person for reaching women in Pakistan. The mother-in-law should be trained and included as a member in a support group.

Building self-esteem among NGO staff is very important, and the process helped these women to understand why it is important to consider it at each and every step of their interaction with women with whom they work in the communities.

The group felt that some subjects such as reproductive physiology or child spacing methods were difficult to bring upon discussion, and it was agreed that one needs to agree upon with each community before discussing it. However the pre-test of the new chapters broke those myths for master trainers when the community women freely discussed contraceptive methods.

A team-work and sense of pride has been developed among all people participating in the BFHI at Aga Khan (University Hospital and Health Services), they were happy with what they have accomplished and were willing to expand their work to communities however the trainers who initially joined from AKU left the group.

The second TOT for NGO workers was designed to train them in the content and use of the Urdu curriculum. This was followed by a field pre-test of the curriculum and was an opportunity for them to start training more staff from their own organizations. Follow-up meetings were organized to make changes in the curriculum. Spectrum continued to be the partners to translate the curriculum and were involved in the pre-test and follow-up meetings with NGOs. The second TOT and field pre-test helped to identify some constraints as well as technical assistance needs to implement the community based breastfeeding intervention these NGOs . some of these were:

Access transportation to community and logistical support from their management will need technical assistance to do Base Line Survey Training , and if needed curricula in local languages (especially for counselors) who are community women. Some of the other concerns were:

- Integrate intervention to existing organizational work plan
- Technical assistance for qualitative research

- Technical assistance for conducting an evaluation
- Financial assistance for training of other interested NGOs.

Regarding the Implementation of Group and Individual Counseling , it was felt that the male involvement will make such exercises more effective.

Counseling techniques should be tailored according to the time available with the groups and mothers. The audiences have other things to do besides listening to the provider counseling them.

Materials for group and individual counseling need to be sufficient in number, and based on the textual and pictorial literacy of the target groups. Cultural sensitivities are another important aspect needing careful appraisal.

Interpersonal communication has adopted a very critical niche in counseling in development. Generally, IPC and counseling providers become too zealous to impress upon their client the knowledge they possess. This should be avoided at all costs.

Facilitation needs building rapport and understanding and needs a sympathetic listener. Since listening is a very patient art and not very welcome, facilitation in such cases becomes one-way communication.

5.3.2 NGO Capacity Building in Research

Research in Pakistan has always a history of being quantitative in nature. Qualitative research is new and came in this country not more than a decade ago when different USAID and other donor driven projects launched this type of research. There is a great need to disseminate information about qualitative research, and also to identify its relationship and difference with qualitative research among the policy makers and program managers of various social development sectors.

In Pakistan, any kind of research is invariably associated with the academia. Taking research to NGOs and other Comparatively less qualified health professionals is generally considered to be an intellectual blasphemy. There is a dire need to put the traditional researchers and the breed of NGO researchers together for greater understanding, harmony and intellectual synergy.

5.4 Strategy and Dissemination Workshop

The participants at the Strategy and Dissemination workshop was an array of different disciplines. Placed below is a list of important conclusions based on the reflections and concerns shown by the participants during the workshop.

5.4.1 Reflections on Research

- There was great interest in the TIPs as a new research method and it was felt that it could also be used as a tool for implementation of counselling interventions at the cummunity level. A majority of participants from the NGOs and Academic institutions, showed their interest in learning this methodology.
- The participants involved in the research were the greatest advocates for the TIPs methodology and were of the opinion that many problems identified from the trials with pregnant and lactating women resulted from a lack of understanding. The results of the trials showed that once empowered with information they found that many of the suggested behaviour changes were acceptable and easy to implement for women.
- The researchers shared their field experiences with the group and felt that women had the support of their families, who were mostly concerned about both the woman and the child's healths.

- The audience was a mix of researchers, program managers for NGO and government, and were not aware of sample size and the nature of qualititive and formative research. The participants who raised these objections were either not aware of the qualitative aspect of formative research or they had a very strong bias for quantification. The most recurring clarification sought from the researchers was about the sample size.
- Academic researchers highlighted the fact of representative sampling. The research has used purposive and randam sampling design. The research team highlighted the fact that there were no definitive values for calculating sample size in qualtitive research, however it is impartant that each site caters two major age groups and target audiences adquately. Also one of the purposes for the research was not to quantify results but to design programs for implementation at the community level.
- There was a great interest in TIPS as a research and implementation tool. Sample size and the nature of formative research, was confusing for participants because most of them have not done this type of research.
- Apart from restrictions on PNI funds to be used by Government the MothrCare Program Coordinator involved research experts from AKU and informally shared all documents with government and donor counterparts. However the group felt that having a wider representation of government experts and academia could facilitate the process of consensus.
- Almost all participants agreed that a lot of good hard work had gone into the research the results and impact of the trials were appreciated by them. However the need was felt to to promote and train a wider group of researchers academicsand program managers to institutionalize the process of formative research and use the findings to facilitate the design of interventions aimed at changing the reproductive health behaviors.
- The participants were, at times; sceptical about the capabilities of the NGOs to independently conduct this kind of research. The ‘insular division’ that the academic professionals and other health professionals kept insisting through their behaviours represented their ‘disinterest’ in the NGO researchers. This was more of a gap in communication between the two groups i.e academecians vs program mangers. It suggests that professionals have to change their own behavior before accepting participation and a two way communication process as a norm.
- Dr. Mushtaq Khan, Senior Chief, Planning Commission, Government of Pakistan found the MMR findings of NWFP and Khuzdar rather generalized and not representative of the national scenario. However, most of the participants praised the first ever, very community-based MMR and IMR exercise in Pakistan and found the findings of great importance in the overall MCH context.

- The participants wanted a greater amount of uniformity and consensus with the contents of the messages so that multiple messages with different contents would not be disseminated. One example was the PNI promoting 6 months exclusive breastfeeding with GoP promoting 4 months. However it was clarified that the National Breastfeeding Steering Committee has put six-months as the cut-off period.
- Inorder to develop consensus to promote key messages on nutrition the formative research findings need to be shared and advocated further with policy makers at the national and provincial levels. UNICEF, PNFWH and NCMH can be the forums to advocate findings.
- Although the TIPs methodology was greatly eulogized by most of the participants as being very interactive and participatory, some participants found a one-week trial period as not really representative of a behaviour change.
- Some of the participants wanted to promote iron pills as a medicine however research findings and trials indicate the need to promote them as a nutrient to increase the compliance.
- Building the NGOs capacity to do research in the context of developing counselling materials and strategies was a real sustainable idea. As it has prepared the staff and managersfrom NGOs to design and implement nutrition interventions, based on the research findings. Taking the research out of the ivory towers were seen by many as democratization of capabilities to conduct research.

5.4.2 Reflections on Other Interventions

Safe Motherhood Project, Korangi

Generally speaking, the improvement in knowledge regarding management and referral patterns among the four cadres of health care providers was significant though there were exceptions especially among health assistants and traditional birth attendants. As we were unable to assess behavior change in the context of documented improvement in prompt and timely referral to Jinnah Postgraduate Medical Center for life-threatening obstetric complications due to our inability to implement the clinic and Jinnah Postgraduate Medical Center based health information system we cannot demonstrate that such training programs will increase the number of women with obstetric complications who utilize appropriate medical services. However, the overall improvement in change in knowledge is extremely encouraging for advocating such training programs among primary care practitioners for Safe Motherhood with minor modifications.

Despite the short duration of the Safe Motherhood Project and our inability to document behavior change, we believe that the change in knowledge, both at the health care provider level and the community level, has been significant. Furthermore, this pilot project has, we feel, attained other significant achievements in the arena of capacity building and initiating

similar Safe Motherhood research projects. A notable outcome of this project is the initiation of a similar project under the auspices of The World Bank in a another low socioeconomic district of Karachi. In addition, the training manual, the video film on selected essential obstetric skills for primary health care practitioners and the printed material regarding information, education and counseling will, we hope, be used by interested health personnel in improving maternal health. Furthermore, in the context of training of health care providers, we advocate utilizing hospital / clinic facilities for essential obstetric skills training.

The current research was an attempt to build the capacity of NGOs in formative research and using it for planning maternal and child health & nutrition programs. However it has also proven to be a process as training tool to sensitize workers and program managers who implement nutrition improvement programs.

Experience of the research team suggests that use of the process to work closely with mothers and care givers to develop and test feeding recommendations helped in increasing the NGO participants knowledge and awareness about mother's nutrition practices.

Involvement in the process also creates greater empathy and awareness of household level constraints and recognizes the needs to listen to mothers when they provide services or advice. Thus it is recommended that exposure to and practice doing consultative research be included when training all nutrition and health care providers it at the clinic or community level, GoP/NGO/private sector.

The participants took other interventions as support groups for breastfeeding, Autodiagnosis and counseling through cards as techniques for social mobilization that could work. In a society where making individual choices and decisions is dependent on the rigorous of typical socio-economic milieu, support groups and Autodiagnosis 'socialized' the individual choices and provided 'seal of approval' to good health practices.

Building linkages between the PNI NGOs and other NGOs was an important step taken during implementation of various intervention undertaken by MotherCare and collaborating partners. To-date, NGOs in Pakistan have been generally wary of making contact with each other and busy in their own internecine mechanisms. This was the first time that a group of NGOs was responsible for bringing GoP, other NGOs besides PNI NGOs, and the health and other sector professional together in a forum that was truly participatory. Such a venture, the participants observed, was kind of a sustainable transfer of knowledge and technology that did not depend on funds alone. The PNI Health NGOs could act pioneers in promoting such linkages to the best of our national interest.

- Introduction to cards was made thru mock counselling sessions. Some of the participants were very appreciative of these efforts and also expressed interest in "economical multimedia packages" that would further their goals of social development. All the participants were eager to use these materials and curriculum for training and communication activities in their work.

6. NGOs Plans of Action and Their Implications and Recommendations for the Future

Some examples could be:

- Inclusion of consultative research methodologies thru technical training in public health offered at the university, graduate or post graduate level.
- In-service training for health and other outreach workers who work in communities
- Training of community volunteers a women's groups involved in participatory assessment of health nutrition situation in their own communities.
- Short training session to sensitize planners of managers of health nutrition program in TIP to influence attitude about what families can and will do to improve child and maternal feeding, and develop counselling skills to interact effectively with their clients.
- The PNI health network is also a successful example of NGO networking, for developing linkages and sharing experiences with governemnt/NGOs/Donors and private sector and academic groups.
- The PNI NGOs have expressed an interest for further training, greater availability of funds, a stronger emphasis on linkages between themselves, and with other agencies and Government. This involves greater responsibility for PNI-11 program managers to facilitate this process .
- The Ministry of Health specially the Prime ministers Program on Family Planning has shown interest in cooperating with PNI and is now interested to utilize the PNI experiences in research, community mobilization, and the PNI trained resource persons. Using the linkages developed by the MotherCare team , TAF should broaden its cooperation with the Government by maintaining a more accessible and flexible approach. Such an overture can provide lots of 'legitimacy' to PNI and the Program can be positioned as both pro-GoP and pro-NGOs instead of the only pro-NGOs stance it currently reflects.
- The Hewlett Male Involvement project does not have the Presslerian constraints like PNI. It should make use of its freedom and involve more and more of the officials from the Ministries of Health and Population Welfare and PNI11. Such cooperation would not only make TAF an ally of the Government, it would also provide access to the research dossiers of the two important ministries.
- The collaborating NGOs should be encouraged to seek for other sources of funding also. Using their PNI trained human resource to train other NGOs' staff on payment basis could become a source of continuous funding for them.

- As the NGOs develop into bigger entities, the 'bureaucracies' in them also start flourishing. Unluckily some of the biggest NGOs in this country are as big, as inveterate, and as inalienable and uncompromising bureaucracies as the Government itself. The TAF should try to instill in the NGOs a greater sense of purpose, and their 'welfare' stance must not be vitiated. NGOs are the private sector but a private sector with social responsibility. There should be a critical management review of NGOs occasionally. Such reviews should concentrate on the decision trees within the NGOs in order to measure how much of 'participatory decision making' exists within an NGO itself.
- The NGOs should be encouraged to develop relationship with the Government. At this point in time, at least three of the participating NGOs are running programs in collaboration with the PMP (MDM, HANDS, FPAP). Such a working relationship can add to an overall exchange of experiences thereby contributing to operational and management development of the NGOs.

TAF should send out to the workshop participants (GoP, NGOs, others) a brief expose of the research, TIPs methodology, support group and counseling interventions as soon as possible. This also requires training of interested groups in this methodology to institutionalize this participatory action research and its use to design programs to bring about behavior change. main event starts.

The idea of formative research and TIPs as a research tool was new for many people. More care is needed not to generalize results and present the results as tools to test interventions, which can work or be adopted by mothers.

Before NGOs are identified for technical and financial assistance, the management structure and decision making processes in the NGO should be carefully studied. An NGO with a centralized decision making has lesser proclivity to spread pluralism than an NGO with a participatory and devolutionist management style and should be preferred over the other NGO.

Capacity building should be designed in a way that it becomes sustainable after the PNI assistance is withdrawn or dries up. In order to identify such competency among the NGOs, a meticulous financial inputs and outputs analysis is required to be conducted before the grant is approved.

6.1 Advocacy for Women' Health—Developing Linkages

One of the key learning's ahs been the impact of bringing together Government , NGOs and private sector groups together . It helps to build consensus and is very effective way to develop linkages and a forum for healthy debate. The planning together meeting, the SOAW and dissemination of the formative research were effective to share the NGO efforts as in strategy

All NGOs should be encouraged to co-operate with the government rather than try to supplant its activities. NGOs are not adversaries of the government; they are partners and must be promoted this way. This will encourage a public/private partnership spirit. There would be need of continued sharing of lessons with PNI partner NGOs in health specially from projects such as BSMI, ongoing AKU projects, and the BASICS integrated case management project with HANDS and AKU.

Interview from various agencies and partners working on women's health gave their views on mother care experiences which reflects on the potential of continued need for TAF to link with these groups to build and expand the program on MCH and nutrition.

6.2 Recommendations for Scaling up Interventions, Additional Research Needs and Diversification of Communication Interventions

- The NGOs involved in the MCH work need to be facilitated to do quantitaive baselines before they initiate interventions . The NGOs involved in implementation should be facilitated to do more trials to test use of high calorie snacks both for children and pregnant and lactating women .
- TAF could support costs of setting up a PNI Health Network . Apart from Advocacy and networking, the purpose would be to increase utilization of research findings by dissemination of information to policy makers and program managers, from the public, private and NGO sector..
- This network would include setting up an NGO Technical Assistance Cell . The idea would be to strengthen research capabilities of other NGOs and organizations to conduct policy relevant research such as family planning, reproductive health/AIDS environment and particpatory rural development.
- By end of the month TAF will receive the curriculum and counseling cards produced by MotherCare , and Wellstart . The materials are supposed to be used by partner NGOS for implementation of the support group intervention and expansion to other NGOS thru training. could also provide training materials and curricula to conduct the training. Hence the PNI-Technical assistance unit could also be responsible for training , distribution and supervision of these materials.
- There are now approximately 30 mothers support groups within the PNI NGO network. These support groups - if functioning well - can prove to be an important model for behavior change. The support groups are functioning at different levels; some are becoming well established and proving productive and others are not developing as well.
- One problem is that NGOs need more time to devote to the support groups. NGOs have a lot of other work to do (including formative research for expanding this project); they have little time to devote to training facilitators, and supervision.
- It should be noted that none of the partner NGOs so far receive PNI funds for carrying out this community based work. They are doing this work because they see the value in these activities and appreciate the technical assistance and communications materials provided under the PNI as well as the central role they have played in the whole process.
- Technical support should be provided to NGOs as needed, to strengthen community based breastfeeding/infant feeding activities.
- The use of the supervisor's observation tool (or another tool if preferred) should be adopted to help improve the quality of facilitation and interpersonal counseling (using cards)
- It is important to document change. The community diagnostic package - the baseline survey and community growth chart exercise should be carried out by all the

participating NGOs.

- It is vital to the success of this approach that technical assistance continue to be provided beyond the September 1998 completion date for the PNI. Working in the community to develop self-esteem for mothers, and to affect positive behavioral change takes time. Consideration should also be given to funding the NGO partners so that they can devote more time and attention to this important work.
- Considering that TAF is implementing BSMI , in which one of the areas is development of linkages with health services . Based on NGOs who will be initiating the support group interventions, it would be good to do small technical workshops for NGOs developing MCH interventions facilitate NGOs to set up community based referral systems.

7. Project Administration and Partnerships

- Considering TAF's lack of technical know how about implementing public health programs the partner ship with CPs played an important role to provide initial consultation with NGOs and in identifying the technical assistance needs for phase 1and streamlining TA for the last two years of PNI
- However there were a lot of differences on the approach to addressing health intrventions and determining the needs of the type of TA needed.TAF and AKDN wanted CPS to provide needs based TA. Where as the Cps were restricted mostly to provide technical assistance in the areas of breastfeeding, child health and maternal and child health.
- Most of the collective TA was provided to TAF NGO partners. AKDN did not use much of the TA except for limited TA given to the AKU safe Motherhood Project thru the MANOFF Group
- The two processes adopted in the begining to provide the basis for further program development and provision of TA for selected TAF partner NGOs did not work. As the autodiagnosis process was left too open and the health facility assessment gave a variety of recommendations for capacity building , for which TAF needed to establish local linkages, which was difficult due to its limited staff.
- Considering that TAF did not have a health program officer as the implementation work load increased for the -in-country coordinator, it was diiffcult to provide support to TAF grantees on a one to one basis. Based on our positive experience of working with a group of NGOs to provide TA it was agreed to either fund NGOs directly or continue the process of collective capacity building.
- Initially Mothercare was given the role of coordination, however coordination with so many partners was acumbersome process. However the planning together meeting helped to streamline plan of actions for all partners. Mothercare developed amore focused plan of action to follow with a select group of NGOs.
- BASICS made a separate grant to work with HANDS and AKU to test a integerated case management interventions.with the private practitioners.
- Initially it was felt that TA money could not be spent . However the decision to fund BSMI left little money for the ongoing work on expansion of the MCH pacakge. However collaboration with TAF facilitate the completion of the final activities.final activities.

- Considering TAF's role as an NGO the need to generate funds to sustain its overhead costs , at times it was dificult to get support services as envisaged in the sub-contract. Considering that TAF itself was implementing PNI at times it was difficult to get support from TAF staff or for the TAF program staff to indulge in ongoing MotherCare Activities.
- NGO capacity building is a time intensive process,hence external projects were limited to facilitate the design phase only. The idea to develop local NGOS to provide TA on a continued basis , there is still need for the PNI health network NGOs to implement the interventions, diversify strategies , and scale up by training other NGO groups.
- Considering that TAF has limited staff there is need for it to sub-contract its TA through some of the partner NGOs who may be interested to carry on the role. Considering that NGOs themselves do not have public health professional TAF may provide that support thru local experts over the next year and help in providing institutional support to setting up the technical assistance cell under the PNI Health Network.
- TAF needs to continue its linkages with external TA groups like Manoff , and use of in-house TA thru the BSMI staff and local consultants.
- TAF needs to continue developing its linkages with groups like UNICEF, WFP who are interested in facilitating the NGOs in implementation of community based behavior change intervention projects on MCH and Nutrition, as well as diversifying interventions.

8. Conclusion

MotherCare as collaborating partner with CPS , TAF and AKDN in the PNI-Phase 1 has experienced many challenges during the three years of its operations in Pakistan. Significant were the conceptual frameworks for providing the technical assistance. One of the major lessons is that providing and managing TA to a wide group of NGOs on a one to one basis is difficult. Providing TA to a group of NGOs was cost effective and less labour intensive.

However finally the consensus building approach through all partners facilitated the development of a cohesive program, which provided the opportunity for a multi faceted technical assistance to partner NGOs including TA to assess program and community needs for health, program development, applied research, participatory training, and better IPC interventions, and design for monitoring and evaluation of community based MCH and Nutrition Programs.

The PNI MotherCare experience is living testimony that adversity may foster collaboration and cooperation, which ultimately can maximize output, despite many constraints. At the end it did become an example of effective team work and collaborative partnerships, not only within the technical assistance teams but also between counterparts and colleagues in the GOP, MOH , other NGOs , private sector academic institutions, and other donors working in the field of maternal and child health.